

RFF-2019-11
REQUEST FOR FUNDING ANNOUNCEMENT
FOR
Neighborhood-Based Community Service Program

This is a Request for Funding announcement (RFF) issued by the Family and Social Services Administration/DMHA.

This RFF is intended to publicize the availability of Grant opportunities for services described herein. Neither the issuance of this RFF nor the receipt of any responses thereto, shall create any obligation to the State of Indiana to make any award pursuant hereto. The award of any grant(s) as a result of this RFF shall be at the sole discretion of FSSA. Neither this RFF nor any response (“proposal”) submitted hereto are to be construed as a legal offer.

CONFIDENTIAL INFORMATION

Potential respondents are advised that materials contained in proposals are subject to the Indiana Public Records Act, IC 5-14-3 *et seq.*, and after the grant award may be viewed and/or copied by any member of the public, including news agencies and competitors. Potential respondents claiming a statutory exception to the Indiana Public Records Act must place all confidential documents in a sealed envelope clearly marked “Confidential” and must indicate on the outside of their proposal envelope that confidential materials are included and, in their cover letter, specify which statutory exception provision applies. The State reserves the right to make determinations of confidentiality. If the State does not agree that the information designated is confidential under one of the disclosure exceptions to the Public Records Act, it may either reject the proposal or discuss its interpretation of the allowable exceptions with the respondent. If agreement can be reached, the proposal will be considered. If agreement cannot be reached, the State will remove the proposal from consideration for award and return the proposal to the respondent upon request. The State will not determine price to be confidential information.

COMPENSATION

FSSA/DMHA encourages respondents, in their responses to the RFF, to be as creative as possible regarding cost to the State, as cost efficiency for the State will be a consideration in determining whether a grant(s) will be awarded based on responses to the RFF.

TERMS

This agreement shall be for a period of twelve months commencing on July 1, 2019 (or from date of final State approval of grant), and terminating on June 31, 2020, and may be renewed through reapplication and new proposal, based upon available funding.

PROPOSALS

Respondents interested in providing these services to FSSA/DMHA should submit proposals in the following manner: **one original and two copies and one in electronic format to:**

**Kelsi Linville
Family and Social Services Administration
Division of Mental Health and Addiction
Adult Services Bureau
402 W. Washington Street, Room W353
Indianapolis, Indiana 46204**

Email Address: Kelsi.linville@fssa.in.gov

The print copies must be assembled in the following manner:

1. A letter of application signed by the Director or agency board president identifying the amount of funds requested.
2. Proposal
3. Budget
4. Job description for each grant position funded.
5. Organizational chart for overall agency with grant funded positions shown with dotted lines. (Please indicate percentage of position to be funded by grant)
6. Letter(s) of support from partnering local entity/ies
7. Most recent audit report made in accordance with OMB circular A-133 if applicable.

Proposals, electronic and hardcopies, must be received no later than **4:30 p.m. Eastern Time on May 10, 2019. Proposals received after 4:30 p.m. will not be considered.** Proposals must be delivered in electronic format with all appropriate forms and in the subject heading of the electronic mail should state:

RESPONSE TO REQUEST FOR FUNDING
Neighborhood-Based Community Service Program

No more than one proposal per respondent should be submitted. In the cover letter please indicate the principal contact for the proposal along with a telephone and fax number. **All proposals must have an electronic mailing address included.**

Any questions regarding this RFF must be submitted in electronic format to Kelsi Linville no later than **4:30 p.m. Eastern Standard Time on May 10, 2019. Questions received after 4:30 p.m. may not**

be considered. Please keep questions brief and of high priority. Responses to all questions will be promptly prepared by DMHA.

All inquiries are to be directed to *Kelsi Linville* and are not to be directed to any other staff member of FSSA. Such action may disqualify respondent from further consideration for a grant as a result of this RFF.

SCOPE OF WORK

Funds are being appropriated through the Indiana State Legislature pending approval of House Bill 1001 for the Family and Social Services Administration, through the Division of Mental Health and Addiction, to facilitate the implementation of new or expand/continue services for a neighborhood-based community service program. The purpose of this program is to reduce health disparities in unserved and/or underserved populations and to increase access to and engagement in treatment for mental health and co-occurring disorders for adults, age 18 and over, who are traditionally reluctant to seek such services in a traditional setting.

DMHA intends to fund approximately two proposals that either establish or expand quality services/programs that fulfill the above-listed purpose. The respondents must use data to support the selection of the target population, identified risk or protective factors, and proposed strategies. Community mental health centers (CMHCs) and other social service agencies are eligible to apply for these funds. Proposals must include a detailed plan including but not limited to the following:

1. Locations of service, including underserved areas of the state
2. Potential impact of the program (e.g. number of adults to be affected from implementation)
3. Methods of identifying and engaging underserved and high risk populations
4. Strategy for implementing high-quality programs
5. Partnership(s) with local entities to achieve goals
6. Timeline, including goals/outcomes and entities responsible for meeting outcomes or goals
7. Plan for how funding will be blended with other agencies/partner funds, if applicable
8. Sustainability
9. Identification of ways the applicant provides culturally competent services across their entire range of services

TIME FRAME

April 22, 2019
April 26, 2019

RFF sent to potential applicants
RFF questions due

May 3, 2019
May 10, 2019
May 24, 2019
July 1, 2019

Responses due back to applicants
RFF proposals due to DMHA
Awardees notified
Grant effective date

GRANT

Selected applicants will receive a twelve month Grant (July 1, 2019 to June 30, 2020) with a renewal option through reapplication and new proposal.

FUNDING

The maximum award for this funding opportunity is one hundred thirty-seven thousand five hundred dollars (\$137,500) for SFY20 per awardee.

Potential respondents shall develop a budget appropriate to their organization's capabilities to deliver quality services. Submitted budget amount is subject to review by DMHA and can be modified for those respondents selected to receive an award.

DMHA will withhold ten percent (10%) of the total amount of the grant award until receipt of a final report documenting the enumerated performance objectives has been obtained.

TARGET POPULATION

Applicants must identify target populations as supported by data. The proposal must include a clear description of how the applicant will provide services to eligible participants who identify as members of groups that are traditionally underserved or high risk. The proposal must identify the social consequences and impact that health disparities (including but not limited to race, religion, ethnicity, nationality, gender, age, disability, sexual orientation, and socio-economic status) have on the target community. The purpose of this section is to demonstrate an understanding of the need to address health disparities during services, the ways health disparities negatively impact quality of life for populations at risk, and the impact health disparities have on the community.

APPLICANTS

1. Community mental health centers (CMHCs) and other social service agencies
2. Any nonprofit organization that is qualified as exempt from federal income taxation under 501(c)(3) of the Internal Revenue Code

Applicants must:

1. Be incorporated or registered in Indiana
2. Employ individuals who have earned a master's degree in social work or other human services field and are equipped to provide strategies that meet the needs of the target population

ALLOWABLE COSTS

1. Staff costs (Salary or contracted):

If existing staff is hired for a grant position, their previous position must be filled.

2. Staff training costs:

Training - includes cost associated with training activities. Travel costs related to training cannot exceed the allowable state rates. Food and drink expenses are not allowable costs unless they can be covered under per diem.

3. Staff travel costs:

Travel – Includes board/staff/consumer travel, per diem, and overnight accommodations. Travel for training must be included under Training. Travel costs cannot exceed the allowable state rates. Expenditures made by the Participant for travel will be reimbursed at the current rate paid by the State and in accordance with the State Travel Policies and Procedures as specified in the current Financial Management Circular. Out-of-state requests must be reviewed by the State for availability of funds and for appropriateness per Circular guidelines. In-state lodging is not allowable within 50 miles from home or station of the employee. Exceptions may be made if it is determined that it may be dangerous or undesirable for a person to travel because of any one of a number of conditions, e.g. unsafe highway/weather conditions, or the person's physical conditions. Prior written approval by the state is required for exceptions. Out of state travel must be approved by the State prior to scheduling conferences, trainings, or other events. To access current state information regarding travel costs, fees, and per diem proceed to the following State government website: www.in.gov.idoa/2549.htm.

4. Equipment for Program (Non expendable personal property that has an acquisition cost of \$50.00 or more.

5. Participant Travel Costs

6. **Indirect costs** should not exceed 12% of the total cost of the allotted grant amount. Indirect costs are those which are necessary for the operation of the organization, but are not incurred specifically for any one project or program. Familiarity with the types of costs included in the indirect cost pool provides a basis for assuring that these costs are not being charged as direct costs.

Common examples of indirect costs are:

- a. General management - president, vice president, executive director, etc.
- b. General organizational expenses - insurance, taxes, legal services, telephone expenses and etc.
- c. Administrative services - personnel, administration, accounting, procurement, grant/contract administration, business office, etc.
- d. Operation and maintenance of facilities - utilities, janitorial services, repairs, etc.
- e. Depreciation or use allowances on the buildings and equipment
- f. Fringe benefits applicable to administrative staff, and, fringe benefits applicable to project staff

SUPPLANTING

Funds under this grant announcement must be used to supplement existing funds for program activities and must not replace those funds that have been appropriated for the same purpose. Funds cannot be used to supplant state, federal, or local funds. Each applicant must attest that the proposed activities are

not supplanting current funding. The review committee may disqualify applicants who cannot adequately distinguish that they are not supplanting or blending funding streams.

SELECTION PROCESS AND CRITERIA

To be eligible to apply for this grant award, organizations must possess the following characteristics:

1. Be constituted as a private, nonprofit and community based organization, agency or individual possessing specialized knowledge and expertise in the field of treatment for mental illness and co-occurring disorders.
2. Have a demonstrated plan targeting the unserved and underserved (i.e. ethnically diverse and rural populations).
3. Have demonstrated fiscal and programmatic capacity to carry out supervision.
4. Have demonstrated capacity to maintain competent and well trained staff to carry out program tasks. Have ability to oversee program implementation staff.
5. Have demonstrated capacity for collecting program data and submitting it in a monthly format.
6. Have sufficient organizational capacity to support high quality implementation.

Proposals will be reviewed and scored by a committee selected by the DMHA or designee. The scores of each grant applicant will be averaged into a final score. Final selection of the grant awards, however, will be made by the Division Director or designee. The procedure for evaluating the proposals against the evaluation criteria will be as follows:

1. Each proposal will be evaluated on the basis of the categories listed below. A point score will be established for each response in each category.
2. Based on the results of the evaluation, the proposal determined to be most advantageous to the Target Population, taking into account all of the evaluation factors, may be selected by the State for further action.

Proposals will be evaluated based upon the proven ability of the respondent to meet the goals of the program in a cost-effective manner. Specific criteria are:

Evaluation Criteria

Each proposal will be evaluated on eight criteria.

1. Extent of the need for the project. (20 points)
The following standards will be considered when evaluating this criterion.
 - a. The needs addressed by the project
 - b. How the applicant identified those needs
 - c. How those needs will be met by the project

- d. The benefits to be gained by meeting those needs
- e. Serving previously unserved or marginally served counties in the state

2. Plan of Operation (30 points)

The following standards will be considered when evaluating this criterion.

- a. The number of persons in need of this service
- b. The quality of the design of the project
- c. The extent to which the plan of management ensures proper and efficient administration of the project
- d. How well the objectives of the project relate to the purpose of the program
- e. The quality and adequacy of the applicant's plan to use its resources and personnel to achieve each objective.
- f. How the project will ensure participants who are otherwise eligible to participate are selected without regard to race, color, national origin, gender, age, or disability.
- g. A clear description of how the applicant will provide services for eligible project participants who are members of groups that have been traditionally under-represented, including members of racial or ethnic minority groups.
- h. Identification of and support from partnering local entity/ies clearly identified in plan of operation.

3. Applicant Experience and Quality of Key Personnel (5 points)

The following standards will be considered when evaluating this criterion.

- a. Experience in providing treatment of mental illness and co-occurring disorders.
- b. Qualifications of the project director.
- c. Qualifications of each of the management and decision-making personnel to be used on the project.
- d. The amount of or percentage of time key personnel will commit to the project
- e. Experience and training in fields related to the scope of the project.

4. Budget and cost effectiveness (20 points)

The following standards will be considered when evaluating this criterion.

- a. The budget is adequate to support the project.
- b. Costs are reasonable in relation to the objectives of the project.

5. Evaluation Plan (5points)

The following standards will be considered when evaluating this criterion.

- a. Accurately evaluate success and cost effectiveness of the project.
- b. Produce data that is objective and quantifiable.
- c. Determines how successful the project is in meeting its goals and objectives.

6. Service Comprehensiveness (15 points)

The following standards will be considered when evaluating this criterion.

- a. The number of persons served (State numerical number).
- b. The proposed outreach activities that promote maximum participation of the target population within the geographic area served by the project.
- c. The proposal serves unserved or marginally served counties and unserved, underserved **and** racial or ethnic minority groups.

7. Likelihood of sustaining the program (5 points)

The following standards will be considered when evaluating this criterion.

- a. Likelihood that the service program will be sustained after the completion of the grant assistance.
- b. Extent to which to the applicant intends to continue to operate the service program through cooperative agreements and other formal arrangements.
- c. Extent to which the applicant will identify and to the extent possible use comparable services and benefits that are under other programs for which project participants may be eligible.

Proposals will be evaluated based upon the proven ability of the respondent to satisfy the requirements of the proposal in a cost-effective manner.

(16)
Attachment A
Form of Proposal

1. Extent of need for the project
2. Plan of Operation
3. Applicant Experience and Quality of Key Personnel
4. Budget and cost effectiveness
5. Evaluation plan

Respondents should be capable of demonstrating how they will evaluate their services and measure outcomes and goals of the project.

6. Service Comprehensiveness
7. Likelihood of sustaining the program

Provide a detailed plan of the project continuing to serve the target population should funding be reduced or terminated. Name organizations or entities where cooperative agreements or other formal arrangements have been made to continue serving the targeted population. Provide information on current organizational budgets, grants, or third party pay dedicated to serving this population.

**ATTACHMENT B
RESPONDENT INFORMATION**

1) LEGAL NAME:
2) Doing Business As (if different than legal name):
3) ADDRESS:
County:
4) ELECTRONIC MAIL ADDRESS:
5) TELEPHONE:
6) DIRECTOR NAME/TITLE:
7) CONTACT PERSON:
8) COUNTIES TO BE SERVED:
9) TAXPAYER IDENTIFICATION NUMBER ¹ :
10) DUNS Number:
11) Congressional District:

RESPONDENT FACILITY INFORMATION

1) Type of Facility:

Private –
Non-Profit ()
Other ()

2) ATTACH Proof of Non-Profit Status - 501(c)(3) CERTIFICATE

SIGNATURE OF AUTHORIZED REPRESENTATIVE:

To the best of my knowledge and belief, the information in this proposal has been duly authorized by the governing body of the applicant.

SIGNATURE:
NAME/TITLE: (Typed)
DATE SIGNED:

¹ Employer I.D. number or Social Security number, as appropriate, whichever is used for Federal Income Tax purposes.

ATTACHMENT C

Budget Summary

Respondent Name: _____

Twelve Month Figures (100%)	
	AMOUNT REQUESTED
Personnel	
1) Staff Salaries	
2) Staff Fringes	
Non-Personnel	
3) Staff Travel	
4) Staff Training	
5) Equipment	
6) Participant Travel	
7) Other	
*****	*****
Total Project Costs (100%) (1+2+3+4+5+6+7)	

State will provide reimbursement for 100% of cost.

**Personnel Budget
Staffing Detail Sheet**

Respondent Name: _____

Staff Position *	(100%) Salary (a)	(100%) Fringe Benefits (b)**	% of Time on Project (c)	Total Amount of Salary Requested (a x c)	Total Amount of Benefits Requested (b x c)
TOTAL					

Salary and fringes are to be shown as 12 month figures

* Include Job Description for each staff position

SALARIES: Show title, salary, and time commitment for all staff positions under this project. Staff positions must be new positions. If existing staff are hired for these positions, their previous positions must be filled by a new staff position.

** Include detail of Fringe Benefit amounts

FRINGE BENEFITS: Include contributions for Social Security, employee insurance, pension plans, etc.

Non-Personnel Budget Travel Detail Sheet

Respondent Name: _____

[illegible]

* TRAVEL includes travel related to grant staff travel for client services and can include travel, per diem, and overnight accommodations.

Reimbursement for travel cannot exceed the allowable state reimbursement rates for travel, per diem and overnight accommodations.

Travel related to staff training must be included under Training.

NOTE: Use additional sheets as needed. (Number each additional page.)

Non-Personnel Budget Training Detail Sheet

Respondent name: _____

Item Description	Estimated Cost (100%)
Total	

NOTE: Use additional sheets as needed. (Number each additional page.)

Identify each training activity and persons involved. Reimbursement for travel, per diem and overnight accommodations cannot exceed the allowable state reimbursement rate (see enclosed). Food and drink expenses are not an allowable cost unless they can be covered under per diem.

For consultant expenses, give the total number of consultants that will work on the project and their costs (fees, per diem, and travel). Provide the basis for the determination of the rate identified for consultant costs for which Federal funds are requested. The justification should demonstrate how the consultant costs are reasonable, customary, and consistent with the established institutional/organizational/agency policy governing consultant costs.

Non-Personnel Budget Equipment Detail Sheet

Respondent name: _____

Item Description	Quantity (a)	Estimate (100%) Cost Per Item (b)	Total (100%) Cost (a x b)	% Assigned to Project	Total Funds Requested
TOTAL					

List non-expendable personal property that has an acquisition of \$50.00 or more.

NOTE: Use additional sheets as needed. (Number each additional page.)

NARRATIVE JUSTIFICATION FOR EQUIPMENT:

Submit detailed justification for each equipment item and how it will be used to achieve objectives of the project.

Non-Personnel Budget Participant Travel

Respondent Name: _____

[illegible]

Non-Personnel Budget
Other

Respondent name: _____

[illegible]